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Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800) 342-9856
Fax Number : (800) 354-3381

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MY POLICY SPACE, LLC

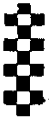
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Dec. 6. 2007 1:26PM

No. 0470 P. 2



December 6, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GERALD WEINBERG, PC

SUBJECT: MY POLICY SPACE, LLC
REF: W07000059268

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the complete principal's office address.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H07000292464
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H Dec. 6, 2007 1:26 PM 645)

No. 0470 P. 3

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. MY POLICY SPACE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. NEW JERSEY 3. 20-5950947
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/22/06 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1350 Liberty Avenue, Hillside, NJ 07205
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Jonathan Boxman, 654 Sharroetts Road, Staten Island, NY 10309

Kimberly Colonna, 1350 Liberty Avenue, Hillside, NJ 07205

Dominick Colonna, 1350 Liberty Avenue, Hillside, NJ 07205

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Property and
Casualty Agent

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(9), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jonathan Boxman

Typed or printed name of signee

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Dec. 6, 2007 1:27PM

No. 0470 P. 5

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

MY POLICY SPACE, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

CATHRYN L. MALTEMPI

(Name)

1030 Spring Villa Point, Ste. 1000

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

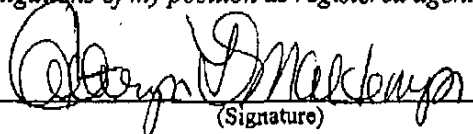
Winter Springs

FL

32708

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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(7 Dec. 6, 2007 1:26PM 643)

No. 0470 P. 4

**STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING**

MY POLICY SPACE, LLC

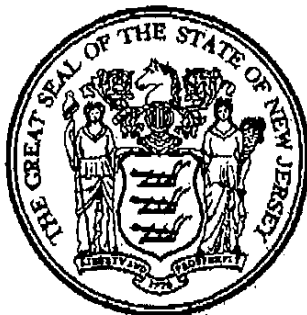
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 22, 2006.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

**Agape Boxman
1720 Route 34
Wall, NJ 07719**



Certification# 111382941

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
5th day of December, 2007*

A handwritten signature in cursive script, appearing to read "Michellene Davis".

**Michellene Davis
Acting State Treasurer**

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp

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